APPLICATION NUMBER

SUBCLASS

FILING DATE

**EXAMINER** 

GROUP ART UNIT

(FACE)

NOTICE OF ALLOWANCE MAILED		·	CLAIMS ALLOWED		
		Assistant Examiner	Total Claims		Print Claim for ).G
ISSUE FEE			DRAWING		
Amount Due	Date Paid	7	Sheets Drwg.	Figs.Drwg	. Print Fig.
·		Primary Examiner	<u> </u>		
TERMINAL DISCLAIMER		PREPARED FOR ISSUE	Application Examiner		
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